

THE ARMY NURSE CORPS NEWSLETTER

“Ready, Caring, and Proud”

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Message from the Chief



Greetings-Time is flying--and a short month makes it feel like it is going even faster!

February was a long awaited event for me as we had the opportunity to have our Strategic Planning Conference. It was a great opportunity to bring together the Senior Nursing leaders from all areas—Chief and Assistant Chief Nurses, Staff officers, MACOM leaders—a diverse and highly dedicated group! I want to publicly thank Jean E. Quindag-Raffels, CAPT, NC, USN (affectionately called “QR”) for her excellence in facilitating our efforts. She insured that the team facilitators were ready for a challenging experience—and they also were grand! Work groups normed, brain-stormed, and performed! They had excellent recommendations on deployment, retention, recruitment, AOC re-structuring, Reserve Component, Nurse Development, an Ambulatory Care Nursing Model, mentoring, and clinical excellence. Some of the team members have already volunteered to work various issues. I welcome others of you, who were not able to attend this round, to assist with these projects. I left the session energized by ANC leaders’ commitment to insuring that the ANC is the first choice for nurses when they graduate from college and the best choice for those who want to practice professional nursing!

Other good news is that with the support of LTG Kiley, we were able to make changes to the FY05 CRNA incentive specialty pay. Those officers under obligation have had their bonus changed for the first time since initiation of the bonus program. There are now one, two, three and four year contracts available for them. I am grateful for both TSG’s support and support from across the Army staff. People told us we could not make a change to the FY05 guidance—perseverance pays! The Navy and Air Force now have the authority to increase these pays for their CRNAs but will not make the change in this fiscal year.

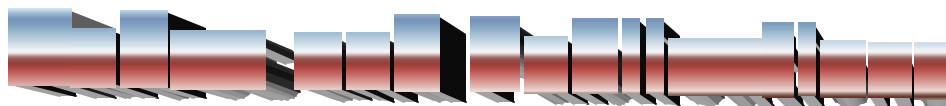
As there is no decrease in the OPTEMPO, it is essential that we make deployment information transparent so that people can start to anticipate when they will be needed for a deployment. The various staff officers working PROFIS are doing a great job, I asked them not to deploy an officer a second time until the rest of their colleagues in that specialty had also had a turn—and we are holding fast to that plan. If you are notified of a repeat deployment and know of other officers in your specialty who have not gone—we need to know. Please notify the ANC staff in San Antonio!

Predictability and stability after a deployment makes a huge difference to the officer and their family, so we continue to pay close attention to that. There are many opportunities on the horizon and I know that with the talents of our Nurses, we will attack and solve the challenges that remain.

Thanks again for being the best Nurses in the Nation—I am so proud of what each of you do each day! GSP

Article Submissions for the ANC Newsletter

The ANC Newsletter is published monthly to convey information and items of interest to all Army Nurse Corps Officers. If you have an item that you feel would be of interest to your fellow ANCs please e-mail article to MAJ Eric Lewis. The deadline for submission is the third week of every month. All Officers are eligible to submit items for publication. We reserve the right to review and edit any item submitted for publication.



The **U.S. Army Graduate Program in Anesthesia Nursing**, USAGPAN, is proud to announce that their recent graduates performed in a superlative manner on their national certification examination. The Council on Certification of Nurse Anesthetist certification examination is a comprehensive computer-based exam testing the graduates' knowledge on all aspects of anesthesia care. The December 2004 graduating class all passed this exam. The mean score for USAGPAN graduates was 583 out of a possible 600 points. This compares very favorably to the national average of 551 points. Furthermore, 14 out of 24 (58%) students scored the highest achievable score, 600 points. Their performance on the certification exam speaks not only of the quality education they received, but also of the outstanding Army and Air Force nurse officers who come to the USAGPAN program. If you think you have what it takes to be among the best trained nurse anesthetists in the world, contact your Chief, Nursing Education and Training, or call the Program Director, COL Normalynn Garrett at 210-221-7311. If you'd prefer, you can e-mail her at norma.garrett@amedd.army.mil. We look forward to hearing from the best the Army Nurse Corps has to offer.

I want to recognize the EXCELLENT faculty, students, and graduates in the **USUHS Nurse Practitioner and Nurse Anesthesia** programs! I know that most of you know by now, but this is a public recognition that all of the Nurse Anesthesia and Family Nurse Practitioner graduates passed the national certification examination(s) again on the first write. We do not have the scores back yet for the NP program option, but we do for the nurse anesthesia program. Needless to say, we are SO VERY PROUD of these statistics which indicate the ongoing quality of our Nurse Anesthesia program, in particular! Nine of the 13 grads taking the examination scored the maximum possible score on the examination (600). Three scored 595 and up; 1 scored 574. The USU, GSN average was 596.2 (standard deviation of 9) while the national average was 551.5 (standard deviation of 63). WE ARE SO PROUD OF OUR GRADUATES, but also of the faculty here at USU. Also, we can't say enough about the value of the clinical adjunct faculty at the local and remote military sites providing excellent clinical/teaching during the second year. A special note of thanks to the leadership of our nurse practitioner program option and the nurse anesthesia program option. Our GSN faculty here at USU are awesome!

Patricia Hinton Walker, PhD, RN, FAAN, Dean and Professor
Uniformed Services University of the Health Sciences (phintonwalker@usuhs.mil)

Congratulations to **MAJ Michelle Snyder**, HN, ICW, 228th CSH, Mosul Iraq for her recent article "Learn the chilling facts about hypothermia" published in the February issue of Nursing 2005.

Kudos to **COL (Retired) Eileen B. Malone**, former AMEDD Chief Information Officer (CIO), received the **Leadership Award** at the 2005 Annual Healthcare Information & Management Systems Society (HIMSS) in Dallas, Texas at the Dallas Museum of Art on 14 February 2005. The **Leadership Award** recognizes significant leadership within the Society and/or the industry. COL Eileen Malone was the first Army Nurse Corps officer, and the first clinician selected by the Army Surgeon General to serve as the Chief Information Officer for the Army Medical Department (AMEDD). Her appointment as the CIO helped to transform the AMEDD's IM/IT governance processes by bridging the gap between the clinical and technical communities, and by shaping a shared

vision to use IT to enable patient care. She was a mentor, a role model, and a strategic leader that raised the bar for IM/IT professionals in this industry.

CJ Reddy Conference Highlights by MAJ Charlotte Scott and LTC Christine Johnson

(Due to space limitations, photos are on the ANC Public Web under CJ Reddy Conference)

As a follow on to the "Message from the Chief" in last month's newsletter, here are some highlights from the C. J. Reddy Leadership Conference. Over 100 junior grade nurse corps officers from the Army, Reserves, National Guard, Navy, Air Force, and Public Health services looked on as Major General Gale S. Pollock presented COL (Ret) Charles J. Reddy with a special gift (Picture 1). COL (Ret) Reddy was hesitant to address the group in "comfortable attire" since his luggage had not arrived in a timely manner (Picture 2). We all assured him that his youthful, trim and fit look was a perfect presentation. MG Pollock provided the attendees with an impromptu brief on wearing of the new Battle Dress Uniform. We were all impressed.

During the conference, junior officers assembled into joint service workgroups in which they identified issues of concern in military nursing. Utilizing creative problem-solving methodologies, the groups identified potential solutions. Throughout the discussions nurses shared many similar experiences, training opportunities, training opportunities and ideas, TO&E equipment interchangeability, career goals, and professional concerns (Picture 3).

The workgroups concluded with formal presentation of group recommendations to senior leader nursing chiefs and MG Pollock took notes! (Picture 4) Feedback obtained from these officers stated that the joint networking experience was very enjoyable and useful for tri-service military missions. Attendees also participated in a military historical staff ride to various sites which included the Pentagon, World War II, Vietnam, and Korean War Memorials, Arlington Cemetery, and Women in Military Service for America Memorial. (Pictures 5, 6)

On the last day of the conference, during the Award of Excellence Ceremony, General (Ret) Gordon Sullivan delivered an eloquent speech in honor of the Award of Excellence recipients (Picture 7). General Sullivan served for more than 36 years on active duty, including service as the 32nd Chief of Staff of the Army. See picture 8, from left to right: General (Ret) Gordon Sullivan, CPT Richard Oberman, COL (Ret) Charles Reddy, CPT Bart Winkler, CPT Yvonne Heib, and MG Gale Pollock.

COL Barbara Bruno kicked off the 104th Army Nurse Corps Anniversary celebration acknowledging honored guests who included BG (Ret) Connie Slewitzke, BG (Ret) Dorothy Pocklington, as well as other distinguished retired and Active Duty Army Nurse Corps Officers (picture 9, 10). COL Bruno then introduced COL (Ret) Robin Hightower who lead us all in singing The Army Nurse Corps Song, followed by MG Pollock and 2LT Eunchong Kim cutting the 104th Army Nurse Corps Anniversary cake (Pictures 11, 12).

This year's conference was great as all past years have been and future ones to come. Remember junior officers, strive for excellence and you too may find yourself attending one of the prestigious COL Charles J. Reddy Conferences.

Presentations from the CJ Reddy Conference can be viewed on the ANC Public Webpage at:

<http://armynursecorps.amedd.army.mil/CJ%20Reddy/cjreddygrouppresentations.htm>

News from the Office of the Army Nurse Corps

The latest resource released on AKO is the Army Mentorship Resource Center. This is a tool we can all use. It contains valuable information on policies, regulations, guidance, and additional links of interest. Check it out at <http://www.armyg1.army.mil/hr/MRC.asp>

We are still pushing the use of the ANC website on AKO. This page is the beginning of a knowledge management transformation to more effectively communicate with all members of the Corps. It will also provide career development, education opportunities, and information sharing. We will be developing AOC specific community pages to provide more detailed information for each of our nursing specialties. MAJ Eric Lewis manages the Corps Chief's Office Web initiatives please contact him with any ideas at <mailto:Eric.Lewis@amedd.army.mil>.

Directions to access and create a shortcut to the ANC AKO Homepage

We have created a PowerPoint presentation on how to access and create a shortcut to the ANC page from your AKO page. You can copy the URL, <https://www.us.army.mil/suite/doc/1329577>, and paste it into your web browser. You will be prompted to log onto AKO. Once you have logged in, please be patient as the page is loaded (may take a minute.) You will then be prompted to subscribe to the knowledge center where the presentation is located. After you have subscribed, the download prompt will pop-up, giving you the choice of opening or saving the presentation to your hard drive. If you are not given the download prompt after subscribing, relick on the link (sometimes the subscription takes a few seconds to take place). If you have already subscribed to the ANC homepage you can access it directly through this url: <https://www.us.army.mil/suite/page/130190>

A Night Remembered by CPT Amy Beasley

During the month of February, the Army Nurse Corps celebrates its time honored tradition of recognizing the anniversary of the Corps. For the nurses at Moncrief Army Community Hospital, Fort Jackson, South Carolina, the 104th Anniversary celebration was a night to remember!



The theme for this year's event was "Proud to Serve". The nurses at Moncrief Army Community Hospital started the festivities with a luncheon on February 18, 2005. MG Gale S. Pollock, Commanding General Tripler Army Medical Center, Pacific Regional Medical Command and Chief, United States Army Nurse Corps, was the honored guest. During the luncheon, 40 military nurses from Active, Reserve and National Guard status were able to meet MG Pollock, ask questions and discuss the future of the Army Nurse Corps. MG Pollock toured of the hospital and TMC accompanied by COL Nancy Gilmore-Lee, Deputy Commander for Nursing and later attended the Basic Combat Training graduation with the Post Commander BG (P) Abraham Turner.



From left to right: MG Pollock, 2LT Johnson, COL Gilmore-Lee



From left to right: 1LT Bryant-Woods, 1LT Kinney, MG Pollock, 2LT Johnson, 1LT Frizzell, 1LT Hinson

The celebration continued later in the evening when everyone put on their best formal wear for a fun filled night. Festivities took place at the Fort Jackson Officers' Club and honored the men and women serving the Army Nurse Corps both in the United States and abroad. Attendees included Army, Air Force, Navy and Army Reserve officers, South Carolina National Guard officers, Retirees and Civilian nurses.

The evening began with a wonderful social hour followed by a great slide show reflecting the history of the Army Nurse Corps, what it means to be an Army Nurse Corps officer and a special slide presentation honoring of our troops deployed. Following the traditional cake cutting ceremony, MG Pollock shared aspects of the Army Nurse Corps both past and present, the strength we hold, the leadership we maintain and the respect we earn. It was an inspirational and empowering speech that had everyone on the edge of their seats. At the end of the ceremony the night was capped off with dancing.

The theme "Proud to Serve" provided an opportunity for attendees to celebrate and honor the Army Nurse Corps and this country. It was a truly night to remember.

William Beaumont Army Medical Center Celebrates 104th ANC Anniversary

Story by MAJs Cathy M. Walter and Kimberly E. Williams

After much preparation and anticipation of the 104th Army Nurse Corps (ANC) Anniversary Celebration, nurses at William Beaumont Army Medical Center (WBAMC) in EL Paso, TX provided a night to remember. A dynamic guest speaker, gifts, stunning decorations, piano music and a historical uniform fashion show were part of this pleasurable evening. This year the celebration was held at the Officers' Club on February 5, 2005.

There were several retirees, as well as former ANC amid the 180+ attendees. These history makers were given a small token of appreciation for their indefatigable and dedicated service to this great nation, and the Army Nurse Corps.

As part of the rich, proud tradition, the youngest and oldest ANC officers were identified to participate in the cake cutting ceremony. This year 2LT Angelo Fiore, the youngest ANC officer, and Dorothy Schwarzkotf, the oldest former ANC officer who served during World War II, were selected.

Mrs. Diane Carlson-Evans, founder of the Vietnam Women's Memorial Foundation (formerly "Project"), and President of the Board of Directors was the guest speaker and the highlight of the evening. Mrs. Carlson-Evans' narration of her experiences during Vietnam and the Vietnam Women's Memorial Project moved the entire audience. Her first-hand knowledge of casualties of the Vietnam War, as well as sacrifices of women who volunteered to leave the comforts of their home to support their fighting brothers in a foreign land, led her on a ten year mission. During the latter part of her speech, Mrs. Carlson-Evans presented a short video clip of the heroic men and women who served during this difficult era. A bronze monument, dedicated November 11, 1993, stands on the Mall at the Vietnam Veterans Memorial in Washington, D.C., as an everlasting tribute to the 265,000 women who served during Vietnam.

The night was filled with several historical moments to include professional historical displays situated throughout the room, and a historical fashion show of the various uniforms worn over the years.

This exciting event concluded with a presentation of coins and gifts by COL James J. Leech, WBAMC Commander, and Lenore S. Enzel, Deputy Commander for Patient Services and Nursing. The evening ended another successful WBAMC anniversary celebration of the Army Nurse Corps.

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COL Enzel, DCN and Diane Carlson-Evans, President and Founder of Vietnam Women's Memorial.

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Cake Cutting: Mrs. Dorothy Schwarzkotf-Former World War II Army Nurse and 2LT Fiore

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228th CSH Celebrates the ANC Birthday by CPT Simms



CPT Simms served cake for all. "Come and get it!"

On February 2005, the Nurses of Bravo Company, 228th Combat Support Hospital, celebrated the 104th birthday of the Army Nurse Corps. Army Nurses and other members of the CSH took over a small section of the Dining Facility on FOB Speicher to celebrate the Corps' distinguished history.

Although the official birthday of the Corps is 2 Feb., logistical challenges meant celebrating a few days late. The ceremony began with CPT Ann Sims welcoming everyone from the 228th and all others in the



CPT Simms served cake for all. "Come and get it!"



LT Michelle Litrell guards the cake.

DFAC then introducing CPT Lauren Otto. CPT Otto gave a wonderful speech on maintaining the history of the ANC through journals and photographs. As the Historian for the Reserve Component of the Army Nurse Corps, she was able to stress the importance of documenting our experiences as Army Nurses deployed in a combat theater. After a lovely prayer of thanks by CH(CPT) Ken Hurst, another proud tradition of the Army Nurse Corps took place.

It is customary that the most Senior and most Junior Army Nurses in the unit jointly make the first cut in the birthday cake. In the case of B. Co., 228th CSH, that honor fell to LTC Bradley Clark Gregory and 2LT David N. Norman. LTC Gregory is the Chief Nurse of the group at FOB Speicher and 2LT Norman is a staff nurse on the Intermediate Care Ward.

After the official cake cutting, Cake Guard 2LT Michelle Littrel, was relieved of her duty so that the entire lunchtime crowd at the DFAC could participate in the birthday celebration by sharing Army Nurse Corps Birthday Cake.

Thanks to all who helped make this celebration a success:

LTC Bradley Clark Gregory
CH(CPT) Ken Hurst
CPT Lauren Otto
CPT David Case
CPT Ann Sims
1LT Patrick Murray
1LT David Elliot
2LT Mona Flores
2LT Michelle Littrel
2LT David Norman
DFAC on FOB Speicher
All personnel who attended the celebration!



CPT Lauren Otto gives a talk on ANC History.



Everyone enjoys a great ANC birthday celebration!

Ready, Caring, Proud: First Team Nurses of the 86th CSH Task Force South Take on Ali Air Base, Iraq by MAJ Jeanne Larson and CPT Rena Trumbull.

Army nurses are using their creativity and teamwork again as they take on another mission overseas. This time it is the Army Nurses of the 86th CSH Task Force South converting a 10-bed Air Force Expeditionary Medical Support Unit into a 26-bed slice of a CSH in Southern Iraq. Taking over the Alaska Shelters on 28 December 2004 with the plan to move into a fixed facility in early 2005, the Army nurses got to work doing what they do best: taking care of patients!

February was the month for celebrations, and 1LT (P) Vernice Favor waited patiently for security concerns to lessen after the Iraqi national elections to gain permission to host the first tour of the year to the Ziggurat of Ur for her promotion to Captain on February 4th. The Ziggurat monument is located within the perimeter of Ali Air Base (formerly called Tallil) and is considered to be about 4,000 years old. It was constructed near the city of Ur which is sometimes called a cradle of civilization. Battle-buddy CPT Tamara Mok pinned the CPT's bars on her proudly as SFC Anita Fields read the orders.



L-R: SFC Anita Fields, CPT Tamara Mok, Newly promoted CPT Vernice Favor, LTC Wanda Scott-Parker at the Ziggurat of Ur.



86th CSH TFS Nurses L-R (kneeling): MAJ Barbara Wall, CPT Maria Shelton, LTC Wanda Scott-Parker (Chief Nurse, TFS), CPT Rena Trumbull, LTC Judy Lee (Chief Nurse, TF 86th). 2nd Row: LTC Colleen Takahashi, CPT Thelma Nichols, 1LT Keisha Reed, MAJ Terri Holloway-Petty. Back Row: CPT James Foreman, CPT Tamara Mok, MAJ Leonetta Oliphant, MAJ Jeanne Larson, 1LT Melisa Reeves, LTC Steve Gertonson, CPT Mark Killebrew, MAJ Michelle Williams, CPT Jack Shapiro.

The celebrating continued when LTC Judy Lee, Chief Nurse of Task Force 86th arrived from Baghdad and toured the facility. The nurses planned to cut a cake for the 104th ANC anniversary, but the baker at the dining facility had moved on to another job. The diet techs quickly came to the rescue and created a muffin cake that the most senior nurse and most junior nurses "cut" right down the middle.

As the nurses make preparations to move out of the tents and into the fixed facility their creativity and adaptability will again be called into play. And, who knows, maybe it will be time for another celebration!



Army Nurses at the Ziggurat of Ur. L-R Front Row: CPT Tamara Mok, CPT Vernice Favor. 2nd Row: CPT Jamie Thomas, MAJ Jeanne Larson, MAJ Takako Burrell, MAJ Barbara Wall. 3rd Row: MAJ Michelle Williams, LTC Colleen Takahashi, LTC Wanda Scott-Parker.

Celebrating the ANC Birthday by cutting the "muffin cake" are 1LT Melisa Reeves, LTC Steve Gertonson, and 1LT Keisha Reed.



Joint Theater Trauma Registry – A New Role For Army Nurses in Combat by LTC Debbi Spencer, ANC and Lt Col Donald Jenkins, MC USAF.

Six Army Nurse Corps Officers have become key personnel in the continued development of the processes of identifying, collecting and reporting combat trauma care information by implementing the role of Combat Trauma Registrars at all Level III MTF's located in Iraq. The team of Combat Trauma Registrars for this project, led by LTC Debbi Spencer, deployed to Iraq on 11 November 2004. The other members of this ground breaking team are CPT Lauren Otto, MAJ Ellen Barksdale, MAJ Jeanne Larson, MAJ Paula Coughlin and LTC(P) Ruth Lee. These six Army Nurse Corps Officers are working closely with staff from the Center for AMEDD Strategic Studies (CASS) on Fort Sam Houston, Texas and the Institute of Surgical Research (ISR) to field and further develop the Joint Theater Trauma Registry (JTTR).

Throughout the last three years, the DoD JTTR and the processes necessary to implement the registry in a theater of operations have been under intense development. Because the trauma registry is the key data component of civilian trauma programs, a combat trauma registry (DoD JTTR) and registrars are essential to the success of any combat trauma system, such as the one currently in its initial stages of development in Iraq. The JTTR provides the means to collect, store, and report near real-time and/or the most current data about military personnel injured (i.e., battle and non-battle injuries) in a theater of operations to include data about the injury event, severity, healthcare provided at various echelons of care, patient outcomes, and the use and performance of personal protective equipment.

During previous military conflicts and wars, this information was primarily collected retrospectively and not aggregated for several years after the combat events. Retrospective data collection is not ideal due to the paucity and lack of specificity of the information available for such robust trauma systems needs. LTC Spencer and her team of Combat Trauma Registrars are enabling the collection of data near real-time with increased reliability and validity. The information from the timely analysis of these data can then be used to improve the delivery of trauma care to combat trauma patients during the same conflict. This type of performance improvement initiative is heavily reliant on timely and accurate information, which this JTTR and team are providing. For more information about the DoD Joint Theater Trauma Registry please contact LTC (Ret) Dora Leal 210-221-9335 or COL (Ret) Cynthia Abbott at 210-221-9514 (DSN 471.)

Back row: LTC Ruth Lee (MAMC), MAJ Jeanne Larson (BAMC), MAJ Ellen Barksdale (TAMC)



Preserving Our Past and Present for Our Future

As we approach the 104th anniversary of the establishment of the Army Nurse Corps on 02 February 1901, we should take time to pause and reflect on the achievements and contributions made by our pioneering members. The Army Nurse Corps has a rich and proud history. It is internationally recognized as a leader in Nursing Leadership, Nursing Research, Clinical Nursing practice, and in Nursing Education.

We are proud to be recognized as the oldest of the United States Military Nursing Corps and as the first women's component of the United States Armed Forces. We paved the way for women serving in the military. Army Nurses have set many leadership milestones for women in the military. In 1947 COL Florence A. Blanchfield, 7th Chief of the Army Nurse Corps, became the first female in the Army to receive a regular Army Commission at the permanent grade of LTC. In 1970, Anna Mae Hays, 13th Chief of the Army Nurse Corps, was the first female to be promoted to the rank of Brigadier General. Later in 1979, Hazel Johnson-Brown, 16th Chief of the Army Nurse Corps, became the first African American female to be promoted to the rank of Brigadier General. In the 1980s the Army Nurse Corps expanded leadership opportunities to include command positions. And most recently, in 2004, Gale S. Pollock was the first Chief of the Army Nurse Corps to become a Major General.

Army nurses also historically led on the frontier of nursing research. Following World War II, in 1949, the first Nurse Methods Analysts established and began surveys to determine standards for nursing staffing in Army hospitals. After the Korean War, in 1957, the Army Nurse Corps established patient care oriented research programs at the Walter Reed Army Institute of Research (WRAIR). The first nursing research studies conducted at WRAIR were on decubitus ulcer skin care, oral hygiene, body temperature readings, circadian rhythm, and use of a plastic isolator for operating in a sterile environment. During the 1960s and 70s the Army Nurse Corps led the way in the utilization of Advanced Practice Nurses. In 1984, Army nurses created the Workload Management System for Nursing using patient acuity to determine staffing requirements.

Clinical expertise continues to be the priority of all Army Nurses. It was during World War I for the first time that nurses were trained and served as anesthetists. In World War II, Army Nurses assisted in the innovation of recovery wards for postoperative patients. During the Korean War Army nurses made advancements on nursing charting, were involved in the first field use of hemodialysis in response to an epidemic of hemorrhagic fever, and development of sylfamydon ointment for burn treatment. Army

nurses in Vietnam made advancements in shock/trauma management from their experiences caring for combat casualties and led in trauma and combat casualty care specialization. Intensive care units and shock/trauma units resulted from this experience.

Army nurses during the 1950's are also recognized for emphasizing educational preparation and professional development. At this time, Army nurses became increasingly active in instructing enlisted medical personnel and participated in the development of nursing programs of other countries such as Korea, and elsewhere. Since 1972, a bachelor of science in nursing degree is a minimum requirement for an appointment into active duty.

If it were not for reports, journals, and oral histories from Army nurses, achievements, innovations, and contributions such as these would not be accurately or consistently recorded for history. Every unit and each Army Nurse Corps Officer has the professional responsibility to collect, document, and preserve our historical events such as these. Knowledge of the rich history of our Army Nurse Corps gives us a better understanding and appreciation of how our present establishes future directions and priorities. Critical thinking skills combined with historical awareness are vital for the success of nursing leaders. Several methods exist for preserving history and can be used by Army nurses to submit information to the Army Nurse Corps History Office. For detailed information on these methods of recording history please visit the Army Nurse Corps History website at <http://history.amedd.army.mil/ANCWebsite/anchhome.html>.

One example is recording unit histories. Preserving a unit's history is vitally important to establish an accurate and permanent record of unit contributions and activities in support of your mission, areas of operations, and lessons learned. More over, it can aid others in planning and conducting future operations. Unit-level methods of recording historical information include documentation of unit activities via the Daily Staff Journal or Duty Officer's Log (DA Form 1594) and corresponding documents (Journal Files) that support entries in the unit journal. Journals should be maintained for every 24-hour period. Examples of significant activities that should be documented include: receipt or transmission of orders and reports; visits of higher commanders, their staffs, and resulting actions; troop movements; conferences; military operations or training exercises; summary of messages (with originals maintained in journal files); orders issued and received. Additional helpful information to record can include: notes on conversations, environmental conditions, METT-TC factors affecting operations; coordination activities with liaisons; unit morale and condition of troops; MWR activities; lessons learned, and after action reports.

Documentation of unit activities should begin upon receipt of mobilization/deployment orders and continue through redeployment and demobilization. Journal file examples include copies of: orders and graphics, unit status reports (also subordinate unit reports), messages, staff meeting notes, daily briefing slides, personnel reports, unit rosters, staff studies, photographs, maps, organizational flow charts, briefing charts, slides, and overlays. Classification of the files must be addressed for OPSEC purposes. The classification level of unit files are to be as high as the most highly classified component contained in the files, and must be marked as such. Please refer to AR 380-5, Department of the Army Information Security Program, as well as local directives for guidance on classification and transmission of unit journals and journal files. The official unit journal becomes the property of the United States Army. If anyone wishes to publish extracts from the journal, they must obtain permission from the Army. The original unit journal and journal files should be maintained at the unit and a copy should be forwarded to the OTSG, Office of Medical History. See the Office of Medical History website (<http://history.amedd.army.mil/>) for contact information to coordinate delivery of unit journals.

The Army Nurse Corps History office encourages nurses to maintain personal journals whether stationed state-side or deployed, active duty, or in the reserves. Personal journals are helpful as informal records of experiences and details not typically found in official unit records and provide a different perspective of unit operations. Photographs, videos, slides, and other digital images are also significant historical resources which preserve a visual record of unit members, daily activities, and environmental or situational conditions. Our memory fades sooner than we typically expect, so it is important to document details of the pictures as soon as possible (e.g. date, names, locations, description of what is happening – the who, what, where, when, and why of the photo).

Oral histories are simply "spoken histories" and are another excellent way to record history. Historians typically conduct oral histories, but they can be conducted by any individual who is interested in historical inquiry and has an understanding of interview techniques. All that is needed to conduct an oral history is: an interviewer, someone to be interviewed who has historical knowledge to contribute, and a tape or digital recorder. The interviewer should prepare by learning as much as possible about the person he or she is interviewing as well as the events that will be discussed during the interview. Obtaining a biography along with curriculum vitae (containing a chronological listing of duty assignments) can be useful to become knowledgeable of the interviewee. The location of the interview should be a secluded, quiet place away from noises and distractions. Once the interview is complete, the taped information will be transcribed into a typed document for proof-reading by the interviewee. The interviewee then makes any edits or corrections and returns the document for historical filing. For more information about oral history techniques, please visit <http://www.army.mil/cmh-pg/books/oral.htm>.

Historical information can be mailed to the following address: Office of Medical History, ATTN: DASG-MH, Army Nurse Corps Historian, 5111 Leesburg Pike, Suite 401-B, Falls Church, VA 22041-3258. Army Nurse Corps officers who are interested in contributing journals, photos, files, oral histories, or any other historical information should take pride in knowing that they are making an important contribution to the Corps.

AMEDD Center and School, Department of Nursing Science
Graduate School Credit for ANC Courses by LTC Kimberly Armstrong

Did you know that you can receive credit for graduate semester hours for successful attendance at one of the AOC/SI producing schools below? Since 1942, The American Council on Education has worked cooperatively with the US Department of Defense, the armed services and the US Coast Guard in helping hundreds of individuals earn academic credit for learning achieved while serving their country. The *Guide to the Evaluation of Educational Experiences in the Armed Services* (www.militaryguides.acenet.edu/) is your resource for researching all military courses.

Just know that like classes completed elsewhere, not all graduate schools will accept these credits for transfer - but at least you come prepared! Good luck!

Course Name	Credit Hours	Received for:
Obstetrical & Gynecological Nursing Course (6F-66G)	3	Patient Education
	2	High-risk Pregnancy
	2	Obstetrical Nursing
	2	Gynecological Nursing
	2	Neonatal Nursing
Total Possible Semester Hours =	11	

Course Name	Credit Hours	Received for:
Perioperative Nursing(6F-66E)	9	Clinical Practicum
	5	Perioperative Nursing
	3	Specialty Perioperative Nursing
Total Possible Semester Hours =	17	

Course Name	Credit Hours	Received for:
Critical Care Course (6F-F5)	18	Critical Care
	8	Clinical Practice
Total Possible Semester Hours =	26	

Course Name	Credit Hours	Received for:
Emergency Nursing Course (6F-F6)	18	Critical Care
	8	Clinical Practice
Total Possible Semester Hours =	26	

Course Name	Credit Hours	Received for:
Psychiatric/Mental Health Nursing Course (6F-66C)	3	Nsg Therapeutic Process
	2	Psychiatric Conditions
	4	Psychiatric Therapies
	1	Psych Unit Management
	10	Clinical Practicum
Total Possible Semester Hours =	20	

AMEDD Center and School: 91D Branch by CPT David Taylor

As the Deputy Chief, 91 Delta Branch, Operating Room Specialist Course here at the AMEDD Center and School I have the responsibility for the oversight of the phase 2 training component for approximately 400 students enrolled in the 91 Delta military occupational specialty (MOS) producing course. It is my duty to ensure that each site complies with the training standards set by the 91D Branch, the AMEDDC&S, TRADOC and the Army.

Due to the significant number of tests and practical exercises most students focus primarily on the Phase 1 aspect of training, the nine-week portion taught here at the Center and School. However, it is the Phase 2 training component where the students truly integrate the cognitive and the technical aspects of their profession.

Phase 2 training occurs at 23 sites throughout the continental United States and Hawaii. It is an intense ten-week "On the Job Training" program where students encounter for the first time actual patients. In order to achieve success each student must master his or her newly acquired skill while simultaneously overcoming the realities and importance of their participation in often time life altering surgical procedures.

Thus, it becomes imperative that the Phase 2 preceptor, instructor, in conjunction with leadership and the operating room staff create an environment that is not only conducive to learning but also safe and secure for the students to learn and grow. I recently identified one such site during a Phase 2 Staff Assistance Visit to Evans Army Community Hospital (EACH), located in Fort Carson, Colorado. I wanted to highlight this particular facility for the great things that they have accomplished by setting high standards for training 91D students.

Evans Army Community Hospital, like the majority of Phase 2 sites, falls into the category of not having a full time instructor or preceptor assigned to the students. However, this outstanding organization has made significant strides in order to overcome this issue by incorporating a top to bottom, team oriented approach to training.

This begins with LTC Shelia Mitchell, Chief Department of Nursing who has placed a significant emphasis on the training of these students. During a conversation with LTC Mitchell she stated "the 91D training is vital to our surgical mission". In addition the Chief of Education and Training at EACH, specifically MAJ LLoynette Artis who in close coordination with Perioperative Services, is working diligently to reconfigure personnel assets in order to convert the current instructor into a full time position.

This focus on education permeates throughout the organization. MAJ Michael Bozzo, Head Nurse of the Operating Room, and SSG Elizabeth Escobar, NCOIC also must receive considerable praise for their outstanding efforts in supporting this program. These perioperative leaders work closely with not only the 91D Phase 2 instructor and preceptor but with CPT Renee Busse and 1SG Henry Yates of Medical Company to ensure that a sound training base focused in both OR and military skills are in place and functional.

Although the leadership is certainly important, the actual instructors and preceptors create the true learning environment that translates in to any successful program. Currently MAJ Michael Moore, BSN, RNFA, CNOR, a Nurse Corps Officer activated in 2002 in support of Operation Enduring Freedom and SGT Claudia Lopez, staff technician are the preceptor and instructor responsible for the training of the young novice surgical technicians at EACH. Through hard work and determination, they have created a formidable force that has made the Phase 2 site a truly outstanding program.

Both MAJ Moore and SGT Lopez take their additional duty very seriously and have set high standards for themselves and the training they provide their students. MAJ Moore's experience not only as the 91D preceptor, but also as a Registered Nurse First Assist (RNFA) has brought a unique blend of understanding to EACH. Providing not only the 91D students a one of a kind perspective, but the OR staff as well. The students are able to better relate to the training scenarios he provides because of his expertise as a first assist.

In addition, SGT Lopez's efforts are crucial to the success of this program. She spends countless hours addressing the student's personal and military issues along with managing the 91D training requirements. SGT Lopez has a strong working relationship with the company which ensures student issues are met with the highest of standards. She is an NCO that leads and trains by example.

The students, currently training at EACH had only praise for the quantity and quality of daily interaction between MAJ Moore and SGT Lopez, giving high marks to them and the overall training atmosphere of this facility. MAJ Moore and SGT Lopez are competent professionals who endeavor to build a top-notch program. They are extremely enthusiastic, dedicated and knowledgeable of the phase 2 program requirements. They have maintained a well-structured clinical training environment for the 91D students who rotate through EACH. Both MAJ Moore and SGT Lopez should be applauded for their professionalism, effort, and the time they dedicate to the training and development of 91D students.

US Army EMS Programs Management Office by CPT Nancy Emma

Fate always has a way of showing up. While deployed in Iraq with the 21st Combat Support Hospital from Feb 03-Feb 04, I applied to the US Army EMS Office for a Site Code to do transition training, EMT Training, and PHTLS for the 91W's of the 21st CSH. To me this was a trying time, because training was important and it seemed like it was taking too long to get the site code. Every day I was receiving an email because something was wrong with the paperwork, and I had to resubmit. It was frustrating to redo the paperwork over and over but in approximately 3 months I finally had my site code. I use to think to myself, how hard could this be and why is this process taking so long?

My assignment after Iraq was the Academy of Health Sciences, Department of Combat Medic Training (DCMT) and I was so excited to have a teaching position. When I arrived at DCMT, my new role was not teaching but to become the OIC of the US Army EMS Programs Office. The office I use to complain about while stationed in Iraq was now my new job. Suddenly, instead of requesting a site code, one of my functions is to approve them. My outlook is a lot different now that I have the understanding of how Site Code Applications work and I am able to help all those units who are requesting site codes from Iraq better understand how the process works and why it may take a few months.

My position is very demanding, exciting, and fulfilling but I could not of have asked for a better position within DCMT. My office staff consists of an NCOIC, three NCO's, a GS Program Manager, two secretaries and a Technician who work as a team to support all the functions that are described below. As a team we accomplish the mission which mainly focuses on training and supporting our troops.

The U.S. Army EMS Programs Management Office globally supports over 59,000 91Ws, 18Ds, and Government Service EMS personnel throughout all three components of the total Army. Our office also functions as the liaison for the U.S. Army and serves as a recognized State EMS Office to the National Registry of Emergency Medical Technicians (NREMT).

The U.S. Army EMS Programs Management Office current mission consists of numerous responsibilities that benefit all components of the total Army. The Office of U.S. Army EMS accredits, provides quality assurance, and regulates all approved 91W training sites to include those utilized for deployed troops in theater. One of the most important missions of our Office is providing assistance to deployed 91W soldiers with the processing and approval of their NREMT applications if they were deployed past their NREMT expiration date. The Army EMS Office is the governing body to allow waivers for personnel to take the NREMT who have a history of felony convictions and The EMS office also conducts investigations of allegations of misconduct against certified EMS personnel within its regulatory control to include GS employees. For information or assistance please contact CPT Nancy Emma at: nancy.emma@amedd.army.mil.

Crossing into the Blue: The Air Force Neonatal Intensive Care Nursing Course, by CPT Jennifer Wisseman, Lanstuhl Regional Medical Center, NICU

As an Army officer and Air Force brat, military life is nothing new to me. Part of the experience of being in a military family sparked my passion for helping other military families. At Landstuhl Regional Medical Center, my daily experience as a 66G, labor and delivery nurse, included welcoming future soldiers, sailors, and airmen into the world and into our military family. When the opportunity arose to attend the Air Force Neonatal Intensive Care Nursing Course (NICNC) at Wilford Hall Medical Center, it was an offer too good to be true. Thus, at least temporarily, I was "crossing into the blue."

The NIC Course at Lackland Air Force Base, Texas is set up much like the Army AOC courses. It is 12 weeks long and held 3-4 times a year. The course consists of approximately 6 weeks of didactic and 6 weeks of clinical at Wilford Hall's Level III Neonatal Intensive Care Unit (NICU). It is open to any Air Force Nurse Corps officer with at least 2 years of experience who is looking to expand their knowledge in a challenging, but rewarding career field. Like any military course, a service obligation for

attending the course is incurred at the completion. Unlike the Army AOC courses, the obligation for attending the Air Force course is 5 years or 2 assignments, which ever is *longer*. I was to find out much more about what was similar and what was different between the two branches of service, as my four Air Force classmates and I discussed our experiences and our career fields.

In both the didactic and clinical settings, the course covered all of the newborn experiences, ranging from healthy baby and the mildly ill infant, to the very seriously ill premature neonate. On my first day of clinical, I cared for a one premature twin from Darnall Army Community Hospital at Fort Hood, who required surgical closure of the patent ductus arteriosus, a shunt in the heart that normally closes naturally following a term delivery. I was able to observe this being done, as the surgery was performed in the NICU. In the following weeks, more infants would come from all over Texas to receive some life-saving treatments offered no where else in the military community. Several premature infants were on ventilators with nitric oxide/oxygen combinations, while some older infants were on the once experimental, high frequency ventilator, with "rates" of 600 or greater.



Surgery at the bedside at the Neonatal Intensive Care Unit at Wilford Hall Medical Center, Lackland Air Force Base, Texas

But the icing on the cake was the opportunity to experience the infants on the ExtraCorporeal Membrane Oxygenation (ECMO) or the infant heart-lung bypass. Two infants were diagnosed with Congenital Diaphragmatic Hernias, and were put on ECMO to allow their lungs more time to grow. These very seriously ill infants required one nurse for the infant care and one nurse to manage to ECMO circuit. Wilford Hall is the only hospital in the entire military medical system to provide ECMO.

From the rare clinical opportunities that were afforded to me in a Level III NICU setting to the interactive, inter-service discussions, my experiences at the Neonatal Intensive Care Nursing course did more than expand my knowledge in a new nursing field. It prepared me to fulfill my role as a NICU nurse at Landstuhl, whether that role be as an educator to parents facing the long, uncertain future of their premature infant or as caregiver, transporting that infant to a stateside facility. This NICN course further developed my understanding of the military family and what impact nurses, of all branches, have on our global military community.

US Army Medical Materiel Agency (USAMMA) by LTC Kimberly Smith, Chief, Clinical Support Div.

We would like to share with you a few medical logistics tools for assisting you in providing care while on deployment to central/southwest Asia. Because we have limited space on shelves and in cold chain management storage systems, we are trying hard to standardize items, in order to reduce redundancies and ensure support items and parts are available. This also greatly improves our responsiveness to you, the customer, because we now have the space to keep those items most critical to you in caring for your patients. Instead of keeping 10 different package sizes of an item, we agree to stock the most common 1-2 items, increasing their quantities on hand. It streamlines the logistics management process and permits us to more quickly fill your order with what we have.

One of the first areas standardized was a joint deployment formulary (JDF), which was developed based on recommendations from theater. It continues to be reviewed and updated again based on recommendations from theater. Medications listed on the JDF are stored in theater. You can order something not on the formulary, but the delivery time will be more uncertain. Anyone can access the JDF on the Defense Medical Standardization Board's (DMSB) website: www.dmsb.army.mil. Once opened, click on "products, procedures, links" on the left side of the panel. Then click on "pharmaceutical joint deployment formulary." It is updated roughly every other month by a tri-service panel of each of the services' pharmacy consultants and a group of physicians and pharmacists at the Pharmacoeconomic Center.

The other way to make your life easier is to order supplies and equipment contained in the US Army Medical Materiel Center-Southwest Asia (USAMMC-SWA) stockage list. It is available from the med supply units in theater and will tell you exactly which items are stocked in theater. The national stock number (NSN) listed with each item is a 13-digit number unique to each item. The first four numbers identify what federal supply class (FSC) the item belongs in. For example, meds intended for human use are classified 6505, while meds intended for veterinary use are being transitioned to 6509. To ensure that you have the correct NSN and nomenclature (name) for what you want to order, you may reference it in the unit data repository (UDR), but that information is always somewhat dated. A better way to check the information is through the Medical Services Information Logistics Systems

(MEDSILS). MEDSILS is a database you can access through the USAMMA website at: www.usamma.army.mil. Once there, click [MEDSILS](#) in the left margin. Then click on any of the blue-highlighted [MEDSILS](#) words on the intro page. This will take you to the database where you can search by NSN (NIIN), part number, or nomenclature. If searching by NSN, use only the last 9 digits of the NSN and delete the dashes. The database can tell you the characteristics, price, unit of issue, manufacturer (cage code – upper left corner), and part number, support items (in some cases), and many among other things. We have also attached photos to many of the product pages to help the customer identify each item. It's a slow process, but we're making progress. If someone would like to help by submitting photos, please contact me.

We hope these tools help you feel more comfortable and confident about the medical logistics system. If you have any questions or concerns, please don't hesitate to contact us. Kimberly.smith@det.amedd.army.mil

ROTC Cadets "Get a Taste" of Army Nursing by CPT Roger Horne, 10th Brigade, ROTC Nurse Counselor

Nursing Students from Missouri, Arkansas, Oklahoma and Illinois are getting first hand experience in Army Nursing through the 10th Reserve Officer Training Corps (ROTC) Brigade, Western Region's Army Orientation Visits (AOVs) at Fort Leonard Wood, Missouri and Fort Sill, Oklahoma. These events are conducted throughout the school year and are provided to students who have expressed an interest in becoming Army Nurses. During the AOV, the students spend the day at the installation and gain a better understanding of the career and lifestyle of the Army Nurse.

"Many of the nursing students that we talk to at their respective colleges and universities have little personal experience with the military and even less with the Army Nurse Corps (ANC)", says Major Gary Kayser, Recruiting and Operations Officer (ROO) for Illinois State University, "Giving them the chance work with and talk to a variety of Army Nurses at a Military Treatment Facility has helped many of them to decide whether or not military service is right for them." At the AOV's, students spend half of the day working with ANC Officers at General Leonard Wood Army Community Hospital (GLWACH) or at Reynolds Army Community Hospital (RACH). They also attend a round table discussion with senior and junior ANC officers, hear about their careers, and are then given the chance to ask questions.

"Students are usually surprised by the wide range of career choices and experiences that are available in the Army Nurse Corps", says Major Charles Adkins, ROO at the University of Arkansas. After they leave GLWACH or RACH, students are taken on a tour of the Post, and receive an introduction to field medicine and some training in starting intravenous lines. Over the past two years, approximately 120 students have attended 10th BDE AOVs. All students who have attended the AOVs have had positive remarks about the experience. My-Linh Pham, sophomore-nursing student from Truman State University, was asked what she liked best about the AOV and stated, "My experience in the ER was invaluable! Overall, the whole trip was a very positive experience." Approximately 50% of the 120 students that have attended the AOVs have either participated or contracted into their local ROTC programs with hopes of becoming a future Army Nurse Corps Officer!



Top (Left to Right): Kristian Lavinder, MAJ Gary Kayser, Tori Salas, Annie Hennig, Peter Bortkowski, and Katie Perkins. Bottom CPT Roger Horne & CPT Tina Morgan



Kelly Tewell inserts an IV into SGT Chris Moriarty as CPT Roger Horne looks on.

Attention Mobilized Reservists: HRC-St. Louis will fund Continuing Health Education Training

HRC-St Louis is now funding one continuing health education (CHE) training of up to 5-days for US Army Reserve Soldiers per FY while mobilized. This does not include TTAD Soldiers. HRC-St Louis will need a worksheet, "Request for PDE Orders on Mobilized Reservists," a memorandum from the unit commander authorizing absence from duty station in a TDY status, and a copy of mobilization orders. The orders will not cover a rental car or the registration fees. Airline reservations must be made through Carlson Travel or it will not be reimbursed. Professional Development Education (PDE) is funded only if required for promotion.

POC is Mr. Dave McClory, 800-325-4629 x 0466 or 314-592-0466 or e-mail david.mcclory@arpstl.army.mil

Support for the STRAP program by CPT June Fox 4203rd USAH, Nashville, TN

(Taken from an email to COL Bruno after recently meeting CPT June.)

I am happy to reiterate my STRAP story for whatever benefit it may be. I became an associate degree RN in 1985, and a few years later decided to pursue a BSN. While I was taking some classes, I received a card from an Army recruiter touting new tuition reimbursement opportunities for RNs. I returned the response card requesting information and was soon contacted by the recruiter. In April 1993, I received a direct commission as a 2LT and received \$832.00/month as a STRAP recipient. I graduated with a BSN in 1995. Eleven and a half years later I am waiting to hear results of the MAJ AMEDD promotion boards. This was definitely one of the smartest decisions I have ever made.

Many have asked about how I came in to the military, and I am happy to tell the story. Of course, it's a totally different story as to why I have stayed.

The Military Nursing Outcomes Database Projects: Measuring and Improving Nursing Staff Effectiveness & Patient Safety

By Lori A. Loan, PhD, RNC Chief, Nursing Research Service, Madigan Army Medical Center, Tacoma, WA

Many events have transpired over the past few years and are impacting health care practices today. The President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry Report (1998) was a strong voice reflecting a shift in practice when they defined quality as "the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge" (IOM, 1994). Another Institute of Medicine publication To Err is Human created a sense of urgency regarding errors and untoward health care outcomes and moved the focus from quality to safety (IOM, 1999).

A third IOM report, Crossing the Quality Chasm, provided the ground work for establishing national aims in regards to American health care. The report calls for emphasis and improvements in six key categories—safety, effectiveness, patient centeredness, timeliness, efficiency, and equity (IOM, 2001). The report also outlines serious problems in health care quality, as well as a gap between the health care we have and the care we could have. The authors emphasize that health care problems come from poor systems and not bad people and state that the American public is not getting the health care quality they expect and deserve.

Our health care systems can be fixed, but change will be required. The difficult question to be addressed is "How Do We Get There?" In the 1950's Army nurse researchers were among the first nurses to formally study nursing and health care quality (IOM, 1996). More recently Army nurses have spent the last 8 years establishing and testing a standardized process for collecting nursing structural data as well as nurse and patient outcomes data. The goal is to specifically target military nursing-sensitive outcome indicators and use these data to maximize patient safety and staffing effectiveness (Hildreth, Jennings, Loan, DePaul, Brosch, 1997; Brosch, Loan, 2001; Brosch, Loan, Patrician, McCarthy, Bingham, Kinney, 2002; Patrician, Loan, Brosch, McCarthy, Bingham, Armstrong, 2003). The primary aim of this series of projects was to ensure military nursing leaders have information available to add outcomes to the nursing care evaluation equation, rather than focusing only on productivity (work output) and cost. Before this outcomes work could be accomplished several obstacles had to be surmounted. Foremost, there were limited

standardized nurse staffing and nurse-sensitive patient outcome reporting mechanisms in use in Department of Defense (DoD) military treatment facilities (MTFs). In addition comparing nurse staffing adequacy and outcomes among DoD MTFs was very difficult.

The outcome of these eight years of Army nursing research work is a resource called the Military Nursing Outcomes Database or MilNOD (pronounced mil nod). The MilNOD is a method of data collection & analysis that standardizes definitions and allows comparison among hospital nursing units & hospitals in the DoD. It provides a set of decision support tools. At the same time the MilNOD is also a multi-phased program of research designed to explore associations between nursing structural indicators, specific explanatory variables & nursing-sensitive outcomes. It also aids in JCAHO compliance as it provides a data collection & analytic framework for examining staffing effectiveness & patient safety.

The MilNOD Structural Indicators are:

- Nursing care hours;
- Nursing skill mix; and
- Nursing staff education & experience.

The MilNOD Nursing Outcome Indicators are:

- Job satisfaction
- Needlestick injuries

The MilNOD Explanatory Variables are:

- Patient acuity
- Patient turnover

The MilNOD Contextual Feature is:

- Nursing work environment attributes

The MilNOD Patient Outcome Indicators are:

- Pressure ulcer prevalence
- Restraint use prevalence
- Falls
- Satisfaction with:
 - Care in general
 - Nursing care
 - Pain management
 - Education
- Medication administration errors

Sites participating in the current phase of the project include:

Army

Bassett ACH, AK
 Brooke AMC, TX
 DeWitt ACH, VA
 Madigan AMC, WA
 Walter Reed AMC, D.C
 Womack AMC, NC

Air Force

Elmendorf AFB Hospital, AK
 AF Academy, CO
 Malcolm Grow Med. Cen., MD
 Wilford Hall Med. Cen., TX

Navy

Naval Hosp. Bremerton, WA
 Naval Hosp. Oak Harbor, WA
 Naval Med. Cen. San Diego, CA
 Nat. Naval Med. Cen. Bethesda

There are several key factors that have made the MilNOD successful to date. Most importantly, the researchers and the MTFs work together as a team. The participating MilNOD MTFs are considered customers and partners rather than data acquisition sites. Each MTF designates a POC called a site coordinator. This individual is all-important to establishing MilNOD's positive impact at each MTF. The site coordinator or research assistant is responsible for the on-site project and data collection oversight. They work with MilNOD investigators and consultants to promote communication and collaboration and to ensure commitment.

Commitment has been another key to the success of the MilNOD. The principal investigators and military nursing leaders, as well as the nationally distinguished consultants, have been with the project for many years. The project would not have been accomplished without grant funding from the TriService Nursing Research Program (TSNRP). To date, TSNRP has invested over \$2.5 million into MilNOD related studies. The MilNOD has been successful in standardizing practices & processes across systems, sharing best practices among MTFs, and providing excellent training opportunities for novice nurse researchers. It is a Win-Win for nurse leaders and researchers.

News from COL Brosch: The IOM and NRC are releasing "Does the Built Environment Influence Physical Activity? Examining the Evidence," a report that examines the role of the built environment (land use patterns, transportation systems, and design features) as a generator of needs and opportunities for travel and physical activity. Evidence to support a linkage is sparse. More data gathering, increased evaluation, and greater education of professionals involved in physical activity, public health, transportation, and urban planning is recommended. To read on line you may visit <http://books.nap.edu/catalog/11203.html>.

Human Resources Command (HRC) Update

The ides of March present a significant challenge for Army Nurse Corps Branch as our assignment process and issuance of RFOs move into high gear. The entire Army Nurse Corps Branch is working hard to fill the template created by the Officer Distribution Plan recently signed by the Surgeon General in January. The optempo this year remains fast and furious as deployments, TDA patient care and the very important task of getting our officers to LTHET as well as military and civilian courses creates challenges for Chief Nurses and Branch PMOs alike. In the midst of this, we have daily encounters with officers willing to step up to the plate, sacrifice and attend to the mission at hand wherever that might be. The PMOs are talking daily with your officers and they work hard to factor in a variety of competing needs understanding that the mission at hand is the driver in 2005. We will strive to do our best to work with the nursing leadership and our officer Corps to ensure we focus our collective efforts on the mission. We appreciate your patience, your dedication and most of all your service.

Merging Documents in the Official Military Personnel File (OMPF)

We receive numerous calls from officers with prior reserves, enlisted, and transferees from other branches about missing documents on their OMPF. If you have the same problem with your records, here is what you need to do to get the documents added in your current OMPF (microfiche).

Write a memorandum to officer records stating the problem. If you have copies of the documents, send a copy of the documents from your prior service time. You may send an old microfiche that contains the documents that are missing and officer records can merge your file using that microfiche.

The mailing address is:

Commander, HRC
Attn: HRC-MSR-S (Rebecca Barrett)
200 Stovall Street
Alexandria, VA 22332

You may contact Ms. Rebecca Barrett at (703) 325-4096 / DSN 221-4096.

Promotion Eligibility:

To be considered for promotion by a selection board, an officer must be on the active duty list (ADL) on the day the board convenes. Officers under suspension of favorable actions or in a nonpromotable status remain eligible for consideration.

Promotion eligibility is determined by the DCSPER and approved by the Secretary of the Army (SA). For centralized promotions, eligibility is based on an officer's active duty date of rank (ADOR) and time in grade (TIG). For decentralized promotions, the officer's promotion eligibility date (PED) is also a determinant.

As established by the SA, officers must meet the following minimum TIG requirements to be considered for promotion:

1. 2LT and 1LT. The law establishes no minimum TIG requirements for consideration for promotion; however, an officer must have at least 18 months TIG to be promoted to 1LT and 2 years TIG to be promoted to CPT. The TIG requirement for promotion to 1LT has been extended to 2 years by the authority of the SA.
2. CPT, MAJ, and LTC. These officers must serve at least 3 years TIG to be considered for promotion. The SA may waive this requirement.
3. COL and BG. Officers must serve 1 year TIG to be considered for promotion. If selected, they may be promoted without regard to any additional TIG requirements.

Officers in the following categories are not eligible for consideration by a promotion selection board:

1. Officers whose established separation or retirement date fall within 90 days after the date on which the board is convened.
2. 1LTs twice not selected for promotion to CPT.
3. Commissioned officers with less than 1 year of continuous active duty before the board convenes.

- A. Requests for exception to this requirement must be forwarded through the first general officer in the chain of command to Commander, HRC, ATTN: HRC-MSP-O, 200 Stovall Street, Alexandria, VA 22332-0443.
- B. The requests must substantiate that the officer's break in service does not warrant the protection provided by the 1-year active duty requirement.
- C. Requests for exception will be processed on a case-by-case basis.
4. The following are exempt from the 1-year rule:
 - A. An officer assigned to or appointed in the Chaplain or Judge Advocate General's Corps entering active duty as a 1LT.
 - B. An officer entering active duty as a CPT in the Medical Corps or Dental Corps.
 - C. An Army competitive category officer in the grade of 1LT who received an interservice transfer while on active duty and who transferred without a break in active duty service.
 - D. An officer who received an interservice transfer to an AMEDD competitive category from the medical department of another Armed Force of the United States, without a break in active duty service.
 - E. Officers under consideration by selection boards that have the requirement waived by an approved Memorandum of Instruction.
 - F. Officers currently on active duty based on a recall from retired status.

For more information pertaining to promotion eligibility, please refer to AR 600-8-29, Section III, 1-10.

If you have a question that you would like to have printed in the next Ask Branch Column please email MAJ LaShanda Cobbs at cobbsl@hoffman.us.army.mil.

Updates from the Defense Medical Readiness Training Institute (DMRTI)

HLSMEC course 13 - 17 June 2005

The Defense Medical Readiness Training Institute is hosting the Homeland Security Medical Executive Course, at the OMNI Hotel at South Park, Austin, TX.(512) 383-2602. For course information, contact TSgt Stuart at (210) 221-2434; DSN 471. For registration and other course information, visit DMRTI's website at www.DMRTI.army.mil

2005 ANC-CHEP Guidelines

The new 2005 ANC-CHEP Guidelines are now posted on the Department of Health, Education and Training website at <http://www.cs.amedd.army.mil/dhet/>. When you get there click on "Army Nurse Corps" and scroll down to the ANC-CHEP Guidelines button. Click and you're there. As you scroll to each chapter in the table of contents you can click and it will take you to that chapter. All forms in Chap 5, 6 & 7 should open, but if they don't please call me so I can get the links reconnected. **I also ask that you not print these** and work from a hard copy because you will miss many things that expand and much information will be lost. In going through these, since I have arrived, I have seen areas that already need updating, and have received input and ideas from folks on things that I can fix. I plan to do this as I get a chance, so the Guidelines will be ever-changing in some ways (not overall content, but streamlining how they work on-line). This means that it is even more important to use them on-line, so you don't overlook something.

There are few significant changes that I will mention here:

- Disclosure/vested interest statements are required for all presenters
- Disclosure/vested interest statements are required on all marketing material and must be made at the beginning of each presentation
- Disclosure/vested interest statements can be made on the "official" form or can be one sentence added on the CV/Bio stating that the presenter has no vested interest in the topic being presented.
- No signatures are required on the application or the certificate
- All packets must have a marketing tool of some sort. It can be a flyer or a Tri-fold or a PowerPoint of some sort.
- Terminology has changed from "EDI" to "Provider Directed Activity" and "EDII" to "Learner Directed Activity".
- There is a new statement on the certificate and an example is included in Chap 5.

- There is a new application.

Please call or email with any questions that you may have.

COL Carol A. McNeill

Chief, Nursing Education Branch

Comm: (210) 295- 0274 **DSN:** 421-0274 **Fax:** (210) 221-2832 **email:**

carol.mcneill@amedd.army.mil

3rd Annual U.S. Army 91W EMS / Department of Combat Medic Training (DCMT) Educators Conference

The 3rd Annual EMS / DCMT Educators Conference is scheduled for the 8th of May through the 12th of May 2005. The U.S. Army EMS Educators Conference has grown exponentially each year since it's inception in 2002. This Conference is geared towards educating the Educators. The Educators are the key to the training of more than 44,000 Health Care Specialists spread throughout all three Army Components; the Active Army, U.S. Army Reserves, and the Army National Guard.

In past conferences, the emphasis was placed on training strategies to accomplish transition for the 91W MOS. Since 2001, the combining of the 91B and the 91C Career Management Fields (CMF) has created many hurdles and obstacles for Army training sites to negotiate. The transition of the force alone is a huge undertaking, but couple that with the current OPTEMPO and it has created a difficult road for some. As a concern of MOS Qualification in regards to deployment sustainment has now moved the focal point of commanders to sustainment. Therefore, this year the emphasis of the Conference will be on sustainment of the 91W. The 3rd Annual Conference will bring the Educators online with the newest information and training materials available. The Conference Agenda will include several key speakers as well as presentations from many organizations that will influence the transition and sustainment of the 91W.

The Pre Conference Activities this year will host an array of subjects that will give Educators an opportunity to learn more about simulation, both macro and micro from the source companies like Laerdal and METI and STS. The venue will include the official rollout of Tactical Casualty Care (TC3) as well as a TC3 train-the-trainer Course. We will have a Confined Casualty Care Course provided by the University of Texas at San Antonio Medical Center. NAEMT will again offer the Advanced Medical Life Support Course that was a big success last year based upon the conference critiques. We will also offer a 5th edition PHTLS Instructor course for all who wish to attend and require this training to put on your own courses. A 91W Forum will also be hosted by SGM Litteral during the Pre -Conference for Senior Enlisted Leadership from all components to identify and address any issues surrounding present and future of 91W transition. As the Conference approaches, there may be some additions to the Pre Conference venue.

Highlights from the 3-day General Session will include: presentations from the EMS Programs Office, AAOS Text Book Author Dr. Larry Newell, William Brown, and Executive Director of National Registry of Emergency Medical Technicians. Other Presentations will include operational feedback from Soldiers and key leaders who have recently returned from OIF and OEF. We will also be conducting many small group breakouts to allow for more discussions among attendees in pertinent areas.

The exhibits will also provide Educators more avenues for training as well as the newest tools for the 91W Medic. There will be over 60 exhibitors presenting at this year's conference.

For more information on the Conference you can go to www.cs.amedd.army.mil/91w. At this website you will find more information about the 91W Conference and the Chief Clinical Short Course previously the (91C Update). From the 91W site you will be able to link to the Conference site and register for the Conference as well as obtain more information. If you cannot get into the Conference website there will be another site available soon that won't be AKO password protected. Please refer back to the site often for changes and updates.

POC is SSG Muirhead at Patrick.Muirhead@amedd.army.mil or (210) 221-5214

The Resource Center of TSNRP Invites Applications

The Resource Center offers intensive training seminars for military nurses interested in scientific research. Preference will be given to topics listed among the current funding priorities.

2005 Funding Priorities

- ✓ **Deployment Health**: Examination of the physiological and psychosocial factors affecting the readiness of soldiers and their families before, during, and after deployment.
- ✓ **Developing and Sustaining Competencies**: Identification of the expertise needed to work in multiple venues and an exploration of how best to enhance learning and the retention of the new skills in military nursing.
- ✓ **Recruitment and retention of the Work Force**: Exploration of the factors associated with recruitment and retention of appropriate personnel for the military health care system.
- ✓ **Clinical Resource Management**: Identification and testing of the most cost-effective and efficient ways to use professional and ancillary medical staff for patient care and for overall force specialty composition.
- ✓ **Military Clinical Practice and Outcomes Management**: Identification of patient care strategies that are both effective and supported by research.
- ✓ **Also High Priority: Operational War-Related Research**: An examination of the physiological and psychosocial factors affecting soldiers, sailors, airmen, and marines before, during, and after combat; and **Evidence-Based Practice (EBP) Initiatives**.

Eligibility

- ❖ All Active Duty, Reserve, & National Guard Nurse Corps Officers are eligible to apply.

Requirements

- ❖ Submit a “researchable question” (see application page for details).
- ❖ The TSNRP Research Council comprised of faculty and consultants selected for their expertise in the scientific and programmatic review process will review your application.
- ❖ After review by the Research Council, invitations will be sent by the Resource Center to selected candidates.

Suspense Date

- ❖ **18 January 2005**. Electronically submit your application and research question (including the 5 required items) to TSNRP no later than 5:30 PM EST. Send to mburcroff@usuhs.mil.

Notification

- ❖ **By 21 March 2005**. Candidates selected by the Research Council will be invited to attend a course best suited to each candidate’s level.

Disclaimer

- ❖ Attendance at any of the above grant writing seminars does not guarantee funding of your research proposal.

SESSION ONE **23 – 27 May 2005**. Candidates assigned to Session 1 will meet daily with mentors to discuss and implement best procedures for developing a research proposal intended for submission within the upcoming funding cycle.

SESSION TWO **15 – 17 August 2005**. “Research Decision-Making.” A new refresher course for novice researchers with limited experience. Designed to increase research expertise through mentorship, classroom attendance, and matching with senior research mentors (Pod Leaders) in their regional area. This session provides an option for selected candidates to attend the next level seminars the following year.

SESSION THREE **18 – 19 August 2005**. Candidates who successfully completed the work assigned in Session 1 will meet with faculty in small groups. There will be additional recommendations for November submission.

**Also known as “Grant Camp”*

For Application and questions contact the TSNRP Resource Center - Attn: Maria Burcroff
4301 Jones Bridge Road, Bethesda, MD 20814
Phone (301) 295-7064 Fax (301) 295-7052
Submit all applications electronically to mburcroff@usuhs.mil no later than 18 January 2005
Website: www.usuhs.mil/tsnrp

Office of the Chief, Army Nurse Corps	
<p>Fort Sam Houston Office COL Barbara Bruno, Deputy Chief ANC mailto:Barbara.bruno@amedd.army.mil LTC Sheri Howell, AN Staff Officer mailto:Sheri.howell@amedd.army.mil MAJ Eric Lewis, AN Fellow mailto:Eric.lewis@amedd.army.mil AMEDD Center and School ATTN: MCCS-CN, Room 275 2250 Stanley Road Fort Sam Houston, TX 78234 210.221.6221/6659 DSN 471 Fax: 210.221.8360</p>	<p>Washington, DC Office LTC Christine Johnson, AN Staff Officer mailto:Christine.Johnson@belvoir.army.mil Headquarters, DA Office of the Surgeon General 6011 5th Street, Suite #1 Fort Belvoir, VA 22060-5596 703.806.3027 DSN 656 Fax: 703.806.3999</p>
<p>ANC Branch @ HRC: www.perscomonline.army.mil/ophsdan/default.htm</p>	<p>AN Website: http://armynursecorps.amedd.army.mil/</p>

The ANC Newsletter is published monthly to convey information and items of interest to all Army Nurse Corps Officers. If you have an item that you feel would be of interest to your fellow ANC's please e-mail articles to [MAJ Eric Lewis](#). The deadline for submissions is the third week of the month prior to the month you want the item published. All officers are eligible to submit items for publication. We reserve the right to review and edit any item submitted for publication.